

Mock MAGI Worksheet

Only for use with applicants who have not filed a Tax Return for the most recent Tax Year and applicants who have had changes in income since last Tax Return was filed

Client Name:

Client Code:

DOB:

Client Address:

INCOME			
Total Annual Income for Applicant and Legal or Common-Law Spouse. (If applicant is under the age of 18, please include total annual income for all parents or legal guardians who live in the home with the applicant.)			
Wages, Salaries, tips, etc.	\$	Other Gains (or losses)	\$
Taxable Interest	\$	Unemployment Income	\$
Tax Exempt Interest	\$	Ordinary Dividends	\$
IRA Distributions - Taxable amount	\$	Alimony or other Spousal Support Received	\$
Pensions & Annuities (Veteran/Employer Based Pensions, Retirements, or Disability)	\$	Rental real estate, partnerships, S Corporations, Trusts, etc.	\$
Retirement Income from Social Security (SSA)	\$	Taxable Refunds or Credits of State/Local Income Taxes	\$
Disability Income from Social Security (SSDI)	\$	Other Income (Jury Duty Pay, Gambling Winnings)	\$
Non-taxable Social Security Benefits	\$	Foreign earned income & housing expense for American citizens living abroad	\$
Business Income (or loss)	\$		
Farm Income (or loss)	\$	Income Total	\$0.00
Capital Gain (or loss)	\$		

Most clients will only have income in above circled categories.
Remember, for Mock MAGI you must collect the Certificate of Non-Filing from the IRS and documentation for all income sources

Deductions and Exclusions

Total Annual Income for Applicant and Legal or Common-Law Spouse. (If applicant is under the age of 18, please include total annual income for all parents or legal guardians who live in the home with the applicant.)

Deductible Part of Self Employment Tax	\$	Moving Expenses	\$
Self Employed SEP, SIMPLE plans	\$	Penalty on Early Withdrawal of Savings	\$
Self-Employment Health Insurance Deductions	\$	Health Savings Account	\$
Student Loan Interest Deduction	\$	Alimony Paid	\$
Tuition and Fees	\$	Domestic Production Activities	\$
Scholarships, awards, or fellowship grants used for education (not living expenses)	\$	Business Expenses	\$
Educator Expenses	\$	Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance	\$
IRA deduction	\$	An amount received as a lump sum (not with monthly disbursements)	\$
		Total Deductions and Exclusions	\$0.00

This information will only be applicable in rare situations and should be only collected if client is not income-eligible for all service categories they are accessing without it. This information also required back-up documentation.

Applicant, dependent stepchildren	Total Household Size	1
Only income	Total Household Income	\$0.00
	-Total Household Deductions	\$0.00
	Modified Adjusted Gross Income	\$0.00
	FPL based on MAGI	0%

Client Signature _____

Date _____

By signing this form, I affirm that the above information is an accurate statement of my current income. I understand that any inaccuracies in information provided will be shared between DSHS and the service provider.

I further affirm that I ☐ did not file a tax return in the most recent tax year -OR- ☐ my income has changed since my most recent tax return was filed.

I understand that if I deliberately omit or give false information, I may be removed from the program and/or criminally prosecuted.

MAGI Resources:

Tax Return Forms - <http://www.irs.gov/pub/irs-pdf/f1040ez.pdf>, <http://www.irs.gov/pub/irs-pdf/f1040.pdf>

Moving Expense Worksheet - <http://www.irs.gov/pub/irs-pdf/f3903.pdf>

MAGI Documentation - http://www.nastad.org/Docs/084320_NASTAD%20MAGI%20Definition%20Chart%207.16.12.pdf

MAGI Fact Sheet - http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf